

Medical Assessments, Inc.

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IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

ERMI Shoulder flexionator purchase

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

The Reviewer is a Board Certified Orthopedic Surgeon with over 13 years of experience

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

☒ Upheld (Agree)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a female who was injured on XXXX when slipping on ice. The claimant was diagnosed with recurrent dislocation of the right shoulder and impingement syndrome of the right shoulder, status post a subacromial decompression and humeral avulsion glenohumeral ligament lesion repair on XXXX.

XXXX: Progress notes. Claimant sustained a work related injury falling on to right arm injury and the right shoulder on XXXX. Treatment consist of oral anti-inflammatory, which did improve some of the symptoms.

Claimant still has increased amount of pain with overhead activity. Complete right shoulder ultrasound examination was performed. There is no thickness or partial rotator cuff tear noted. X-ray findings were also presented. At this point without further prior conservative treatment, I recommend a trial of right shoulder subacromial injection followed by formalized PT. **Procedure:** Shoulder subacromial injection.

XXXX: Progress Notes. Patient is 4 month S/P Right SS/HAGL lesion repair/SAD. Patient states that she has been compliant with PT but she has not made significant improvement in her ROM. Patient states that her pain is well controlled at this time. Patient denies any numbness or tingling distally. **Medications:** Nalfon 400mg.

Examination: Right: ROM-AFF right 110;AER right 20, IR Right dorsum of hand to buttock, PFF right 120 per 90 right 20, PIR 90 Right 30 degrees. Per right 20 strength testing (out of 5) Deltoid fires x 3. Palpation: NTTP, Neck exam: Full ROM Sprulings negative. Upper extremity exam: Unremarkable, no motor or sensory deficits. NVI distally at baseline.

XXXX: Progress Notes. Claimant is compliant with PT. She has been able to sleep on her shoulder with no pain. Patient has increased her functions capabilities. Patient denies any numbness or tingling.

XXXX: Progress Notes. Claimant stated that she has been compliant with PT but she has not made significant improvement in her ROM. She states her pain is well controlled at this time. PE demonstrated ROM in forward flexion was 110 degrees, external rotation was 20degrees, and internal rotation was the dorsum of the hand to the buttock. Passive forward flexion was 120 degrees, external rotation was 90 degrees, and internal rotation was 90 degrees. There was no motor or sensory deficits. Concurrent PE was recommended to increase passive ROM in all planes. A shoulder flexionator was recommended to improve ROM

XXXX: Letter, The right shoulder had developed severe stiffness. The claimant was very limited in most activities of daily living and had a hard time sleeping throughout the night. The therapist and doctor agreed the claimant would benefit from aggressive active stretching with the flexionator in addition to a home exercise program. The flexionator was prescribed for 30 days.

XXXX: UR. Rationale for denial: We decided that the services or treatments described are not medically necessary or appropriate. This means that we do not approve these services or treatments.

XXXX: Progress Notes. Claimant denies any pain at this point. She does not take any pain medicine. She can sleep on her right shoulder without any problems. Claimant's ROM is also improved utilizing the flexinator.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:

The request for an ERMI shoulder flexionator is denied.

This patient underwent a right shoulder arthroscopy with subacromial decompression and HAGL repair in XXXX. She has completed a course of physical therapy and cortisone injection. She continues to have moderate limitation in shoulder motion.

The Official Disability Guidelines (ODG) does not support the ERMI shoulder flexionator. There is insufficient high-quality literature to support this device. This device is not medically necessary, based on the current literature.

ODG:

No high quality evidence (RCT) is yet available. A retrospective study of frozen shoulder patients treated with the ERMI Shoulder Flexionator found no differences between groups with either low/moderate vs. high irritability in either external rotation or abduction (abduction improved from 52% to 85% for all over 15 months), but there was small sample size and no control group to compare with the natural history of the disease. ([Dempsey, 2011](#)) According to other studies, outcomes from regular PT and the natural history of adhesive capsulitis are about as good.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ☐ ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- ☐ AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- ☐ DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- ☐ EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- ☐ INTERQUAL CRITERIA
- ☒ MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- ☐ MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- ☐ MILLIMAN CARE GUIDELINES
- ☒ ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- ☐ PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- ☐ TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- ☐ TEXAS TACADA GUIDELINES
- ☐ TMF SCREENING CRITERIA MANUAL
- ☐ PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- ☐ OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)